# Research Paper Article de recherche

# Antipsychotic agents differ in how fast they come off the dopamine D<sub>2</sub> receptors. Implications for atypical antipsychotic action

Shitij Kapur, MD, PhD; Philip Seeman, MD, PhD

Kapur — Department of Psychiatry, University of Toronto; Seeman — Departments of Psychiatry and Pharmacology, University of Toronto, Toronto, Ont.

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Rationale and objective: While the blockade of dopamine D<sub>2</sub> receptors are necessary for antipsychotic action, antipsychotic agents differ nearly a thousand-fold in their affinity for the D<sub>2</sub> receptor. This affinity is determined by the rate at which the antipsychotic agent binds to  $(k_{on})$  and the rate at which it dissociates from (k<sub>off</sub>) the D<sub>2</sub> receptors. The objective of this study was to determine the relationship between  $k_{on}$ ,  $k_{of}$  and the affinity (K<sub>i</sub>) of antipsychotic agents for the  $D_2$  receptors, with particular reference to typical and atypical antipsychotic agents. Design: The koff of several typical as well as atypical antipsychotic agents (nemonapride, spiperone, haloperidol, chlorpromazine, raclopride, olanzapine, sertindole, clozapine and quetiapine) was measured in vitro using the 3H-radiolabelled analogues of these drugs. The affinity of these drugs for the D<sub>2</sub> receptor was determined by competition with <sup>3</sup>H-raclopride in vitro. The k<sub>so</sub> was derived from values of affinity and kor. Main outcome measures: kor, kor, and the Ki of antipsychotic drugs. Results: The range of affinity values was similar to that conventionally accepted (0.025-155 nmol/L). The k<sub>off</sub> values varied a thousand-fold from 0.002 to 3.013 min<sup>-1</sup>, with relatively little variation in k<sub>off</sub>. The rate at which antipsychotic agents come off the receptor  $(k_{off})$  accounted for 99% of the variation in their affinity for the D<sub>2</sub> receptor; differences in k<sub>an</sub> did not account for differences in affinity. Conclusions: The differences in the affinity of antipsychotic agents are entirely determined by how fast they come off the D, receptor. These differences in k<sub>off</sub> may lead to functionally different kinds of dopamine blockade. Drugs with a higher k<sub>off</sub> will be faster in blocking receptors, and once blocked, will provide more access to surges in dopamine transmission. Since atypical drugs show a lower affinity and a faster dissociation, a higher kef for the D<sub>2</sub> receptor is proposed as a mechanism for "atypical" antipsychotic effect.

Justification et objectif: Même si le blocage des récepteurs dopaminergiques D<sub>2</sub> est nécessaire pour que les neuroleptiques agissent, l'affinité de ceux-ci pour le récepteur D<sub>2</sub> diffère d'un ordre de grandeur

Correspondence to: Dr. Shitij Kapur, PET Centre, The Clarke Institute of Psychiatry, 250 College St., Toronto ON M5T IR8; fax 416 979-4656; skapur@camhpet.on.ca

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qui atteint presque le millier. Cette affinité est déterminée par la vitesse à laquelle le neuroleptique se fixe (k,,) aux récepteurs D<sub>2</sub> et à la vitesse à laquelle il s'en dissocie (k<sub>of</sub>). L'étude visait à déterminer le lien entre les facteurs kon, kon et l'affinité (K<sub>1</sub>) des neuroleptiques pour les récepteurs D<sub>2</sub> et plus particulièrement les neuroleptiques typiques et atypiques. Conception: On a mesuré le facteur kor de plusieurs neuroleptiques typiques et atypiques (némonapride, spipérone, halopéridol, chlorpromazine, raclopride, olanzapine, sertindole, clozapine et quétiapine) in vitro en utilisant les analogues radiomarqués 3H de ces médicaments. L'affinité de ces médicaments pour le récepteur D₂ a été dérivée par concurrence avec le ³H-raclopride in vitro. On a dérivé la valeur k₀, des valeurs de l'affinité et du facteur k<sub>ur</sub>. Principales mesures de résultats : Facteurs k<sub>ur</sub>, k<sub>ur</sub> et K<sub>i</sub> des neuroleptiques. Résultats: La plage des valeurs d'affinité ressemblait à celle qui est acceptée habituellement (0,025–155 nmol/L). Les valeurs k₀ ont varié d'un facteur de l'ordre de 1000, soit de 0,002 à 3,013 min⁻¹, et la valeur k₀ a varié très peu. La vitesse à laquelle les neuroleptiques se dissocient du récepteur (kor) explique 99 % de la variation de leur affinité pour le récepteur D2. Les différences des valeurs kon n'expliquaient pas les différences d'affinité. Conclusions : Les différences d'affinité des neuroleptiques sont entièrement fonction de la vitesse à laquelle ils se dissocient du récepteur D2. Ces différences des valeurs kon peuvent entraîner des types différents, sur le plan fonctionnel, de blocage de la dopamine. Les médicaments qui ont une valeur kon plus élevée bloqueront plus rapidement les récepteurs et, après le blocage, assureront un accès plus important aux pics de transmission de la dopamine. Comme les médicaments atypiques ont une affinité moindre et se dissocient plus rapidement, on propose une valeur k<sub>of</sub> plus élevée pour le récepteur D<sub>2</sub> comme mécanisme d'effet neuroleptique «atypique».

#### Introduction

All currently used antipsychotic agents bind to dopamine D<sub>2</sub> receptors, as assessed by their "affinity" or "potency" for the D<sub>2</sub> receptor in vitro. 12 Discussions of the D<sub>2</sub> effects of antipsychotic agents often use the term "affinity" in a pharmacologic context and "potency" in a clinical context. Both of these terms usually refer to the equilibrium dissociation constant, K<sub>d</sub>, or to the related term K<sub>i</sub> (which represents the equilibrium dissociation constant measured by competitive inhibition). However, K<sub>d</sub> or K<sub>i</sub> are hybrid parameters, reflecting the situation at equilibrium. These parameters are derived, as shown in the equation below, from 2 more elemental parameters that characterize the dynamic essence of drug-receptor interaction. The binding of a drug to a single receptor is said to obey the simple mass action law and can be represented as below:3,4

$$D+R \xrightarrow{\text{kon}} DR$$
; while  $Kd = \frac{\text{koff}}{\text{kon}}$ 

In this formulation the rate at which a drug (D) binds to a receptor (R) is determined by the concentration of the drug, the receptor and the association rate constant,  $k_{\text{on}}$  (unit concentration<sup>-1</sup> time<sup>-1</sup>, also called on-rate constant). The rate at which the drug-receptor complex DR dissociates is determined by the concentration of the complex and the dissociation rate constant,  $k_{\text{off}}$  (unit time<sup>-1</sup>, also called off-rate constant).  $K_{\text{d}}$ , the equilibrium

constant, which equals  $k_{\text{off}}/k_{\text{on}}$ , allows one to predict only the equilibrium state of the reaction. On the other hand, rate constants  $k_{\text{on}}$  and  $k_{\text{off}}$  allow one to predict not only the equilibrium, but also how fast the drug-receptor system responds to perturbations in the concentration of the drug or another competitor. Since the endogenous dopamine levels are not static and are known to show transient 10-fold increases,  $^5$   $k_{\text{on}}$  and  $k_{\text{off}}$  are more relevant parameters for understanding dynamic drug action.

We were interested in this issue because of the recent findings that atypical antipsychotics are particularly responsive to sudden increases in endogenous dopamine and this may confer on them unique clinical properties.<sup>67</sup> Since it is k<sub>on</sub> and k<sub>off</sub> that determine how a drug responds to sudden changes in concentration and competition, we were interested in determining the  $k_{on}$  and k<sub>off</sub> of antipsychotic agents. In theory, a difference in either  $k_{on}$  or  $k_{off}$ , or both, can be responsible for changes in affinity, and in practice that seems to be the case. For example, atropine has an affinity twice that of methylatropinium for the cholinergic receptors; this difference in  $K_d$  is driven mainly by differences in their  $k_{on}$  with very similar koff values.4 On the other hand, the 100-fold differences in affinity among β-blockers are largely owing to differences in koff in the face of relatively similar k<sub>on</sub> rates.8 Thus, it remains to be established whether  $k_{on}$  or  $k_{off}$ , or both, contribute to the differential affinity of antipsychotics for the D<sub>2</sub> receptors. To our knowledge this issue has never been systematically addressed.

#### Methods

The aim of this experiment was to determine the  $k_{\text{on}}$  and  $k_{\text{off}}$  of a series of antipsychotics and relate them to their more commonly measured parameter,  $K_i$ , the inhibition constant. As shown in equation 1, since the 3 parameters are related, determination of any 2 permits the delineation of the third. Of these, the  $k_{\text{off}}$  and the  $K_i$  can be determined with greatest accuracy; therefore we chose to measure these 2 and obtain  $k_{\text{on}}$  as a result.

#### Tissue

Rat brains were obtained from Pel-Freez (Rogers, Ark.). The striata were dissected in the frozen state and homogenized in buffer (50 mmol/L TRIS-HCl, 1 mmol/L EDTA, 5 mmol/L KCl, 1.5 mmol/L CaCl<sub>2</sub>, 4 mmol/L MgCl<sub>2</sub>, 120 mmol/L NaCl; pH 7.4) using a Brinkmann Polytron homogenizer PT-10 (Brinkmann Scientific, Westbury, NY) (5 seconds at setting 5). Pooled tissue from several rats was used for the determination of k<sub>off</sub>.

# Measurement of koff

Two methods are widely used to determine  $k_{\text{off}}$ .<sup>34</sup> Both methods rely on measuring the rate of dissociation of the radiolabelled ligand over time. In 1 method, dissociation is initiated by instantaneous dilution, which obviates any reassociation (the "dilution" method).<sup>34</sup> In the other method, dissociation is measured by the addition of an excess of another antagonist, which competes overwhelmingly for the same receptor and thereby obviates any reassociation ("excess raclopride" method).<sup>9</sup> If the receptor–ligand interaction is simply a first-order reaction, as characterized by equation 1, then the 2 methods should give identical results. On the other hand, if rebinding or cooperativity are prominent, the interaction would result in a deviation from first-order kinetics, and under these conditions the 2 methods may give deviant results.<sup>34</sup>

# Dilution method

At room temperature for 60 minutes, 1 mL of [³H]antipsychotic drug and 1 mL of rat striatal tissue (final = 2 mg tissue/mL) were incubated to achieve the final antipsychotic concentrations listed below. After 1 hour, 16 mL of buffer was added, and the resulting mixture was stirred to provide instantaneous dilution. Eight aliquots of 2 mL of the resulting suspension were

removed and rapidly filtered at various times at room temperature. The aliquots were filtered under vacuum through pre-soaked glass fibre filters (Whatman GF/B; Brandel, Gaithersburg, Md.) using a Millipore (Millipore, Bedford, Mass.) filter manifold. After washing the filters rapidly with 5 mL of buffer, they were placed in scintillation minivials (Packard, Chicago) and were monitored for tritium 6 hours later in a Packard 4660 scintillation spectrometer at 55% efficiency. In a parallel set of tubes, nonspecific binding of the [³H]antipsychotic drug was determined in the presence of 10 µmol/L S-sulpiride. Each antipsychotic was tested on 2 or 3 separate occasions.

# Excess raclopride method

In the presence of the [ ${}^{3}$ H]antipsychotic drug, 18 mL of buffer was prepared containing a total of 2 mg of rat striatal tissue to obtain the final concentration listed below. After 1 hour of incubation at room temperature, 0.5 mL of raclopride was added to give a final concentration of 10  $\mu$ mol/L raclopride. Aliquots of 2 mL of the suspension were filtered and counted as in the dilution method. In a parallel set of tubes, nonspecific binding of the [ ${}^{3}$ H]antipsychotic drug was done in the presence of 10  $\mu$ mol/L S-sulpiride. Each antipsychotic was tested on 2 separate occasions, the results were reliable, and the averaged data are presented.

The final concentration of each [3H]antipsychotic drug in the 2-mL pre-incubate (dilution method) and in the 18-mL pre-incubate (excess raclopride method) were identical. These concentrations, chosen to approximate the free molarities in the patients' spinal fluid or plasma water phase, were: [3H]nemonapride (100 Ci/mmol; New England Nuclear, Boston), 0.2 nmol/L; [3H]spiperone (Amersham), 0.25 nmol/L; [3H]haloperidol (12 Ci/mmol; New England Nuclear), 4 nmol/L; [3H]raclopride (79 Ci/mmol; New England Nuclear), 2 nmol/L; [3H]sertindole (47 Ci/mmol; H. Lundbeck A/S, Copenhagen-Valby, Denmark), 5 nmol/L; [3H]chlorpromazine (25 Ci/mmol; New England Nuclear), 3 nmol/L; [3H]olanzapine (81 Ci/mmol; Lilly Research Laboratories, Indianapolis), 5 nmol/L; [3H]clozapine (84 Ci/mmol; New England Nuclear), 10 nmol/L in the presence of 300 nmol/L clozapine; [3H]quetiapine (14 Ci/mmol, custom-prepared by New England Nuclear), 10 nmol/L in the presence of 200 nmol/L quetiapine. The time intervals over which the 8 measurements were distributed were different for different antipsychotics and were decided on the basis of preliminary experiments to provide an optimal estimate of rate of dissociation (e.g., samples every 10 seconds for [³H]clozapine to every 30 minutes for [³H]nemonapride). In each case the specific binding at time zero was taken as 100%, and the effect of dilution over time was plotted to obtain the time for 50% decline in binding ( $t_{1/2}$ ). Since  $t_{1/2} = 0.693/k_{\rm off}$ ,  $k_{\rm off}$  was determined from the measured  $t_{1/2}$  as  $0.693/t_{1/2}$ .

# Measurement of Ki

The details of the method for the determination of K have been presented in detail previously.2 Briefly, the long form of the D<sub>2</sub> receptor was stable expressed in GH4Cl cells. 10 Cells were collected and suspended without washing or centrifugation and were homogenized (5 seconds at setting 5 in a Brinkmann Polytron homogenizer PT-10) to yield approximately 200 ug/mL protein. [3H]raclopride, the membrane suspension and unlabelled antipsychotic of interest were coincubated in 1.5 mL buffer with the final concentration of raclopride fixed at 2 nmol/L, the receptor concentration at 10 pmol/L and with varying concentrations of the antipsychotic for which the K<sub>i</sub> was to be determined. The K<sub>i</sub> was calculated from the IC<sub>50</sub> concentrations using the Cheng-Prusoff formula<sup>11</sup> and a value of raclopride K<sub>d</sub> of 1.6 nmol/L, obtained as described previously.2

#### **Results**

The detailed results are presented in Table 1 and Fig. 1. We did not find any significant differences (paired *t*-test,  $t_{\rm df7} = 0.925$ , p = 0.382) between the  $t_{\rm 1/2}$  determined using the dilution method or using the excess raclopride meth-

od. The results were highly correlated (Pearson's correlation coefficient 0.98, p < 0.0001); therefore for further calculations we pooled the data from these 2 methods.

The  $k_{\text{off}}$  values of the available antipsychotics varied almost 3 orders of magnitude, from a very slow dissociation constant of 0.0024 min<sup>-1</sup> for nemonapride to 3.1 min<sup>-1</sup> for quetiapine. The  $k_{\text{on}}$  values showed relatively less variation, from 10.6 nmol/L<sup>-1</sup> min<sup>-1</sup> for nemonapride to 166 nmol/L<sup>-1</sup>min<sup>-1</sup> for olanzapine. The  $K_i$  values were consistent with those reported previously.

Most importantly, the  $K_i$  values were very highly predicted by  $k_{\text{off}}$  ( $F_{1.7}$  = 1656, p < 0.0001) (Fig. 1), and showed no significant relationship with  $k_{\text{on}}$  values ( $F_{1.7}$  = 0.05, p = 0.829). The differences in the  $k_{\text{off}}$  of the antipsychotics explained 99% of the variance in their affinity for the  $D_2$  receptors, whereas differences in  $k_{\text{on}}$  do not meaningfully relate to differences in affinity.

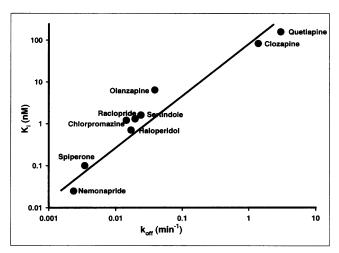


Fig. 1: The relationship between the equilibrium constant K (units of concentration) and the dissociation rate constant  $k_{\alpha}$  (units of time) for a series of antipsychotics.

Antipsychotic agent	K, nmol/L	$t_{\mbox{\tiny 1/2}}$ by the dilution method, min	t <sub>1/2</sub> by the excess raclopride method, min	$k_{off}$ , min $^{-1}$	k <sub>on</sub> , nmol/L <sup>-1</sup> min <sup>-1</sup>
Nemonapride	0.025	355	250	0.002	10.6
Spiperone	0.1	200	200	0.003	28.9
Haloperidol	0.7	40	42	0.017	41.4
Sertindole	1.2	47	49	0.014	83.1
Chlorpromazine	1.3	35	36	0.020	66.6
Raclopride	1.6	28	30	0.024	66.9
Olanzapine	6.4	18	18	0.039	166.2
Clozapine	82	0.5	0.5	1.386	59.2
Quetiapine	155	0.23	0.23	3.013	51.4

## Discussion

Antipsychotics vary 3 orders of magnitude in their affinity ( $K_d$  or  $K_i$ ) for the  $D_2$  receptor. The data presented here demonstrate that the differences among antipsychotics are mainly owing to the rate at which they come off the receptor.

Our study is limited to the 9 antipsychotics tested. This limitation was imposed by the number of radiolabelled antipsychotics available to us. Fortunately, we were able to access most of the labelled antipsychotics, and they spanned a range of affinity from 0.025 nmol/L to 155 nmol/L and belonged to a range of different chemical classes (phenothiazines, butyrophenones, substituted benzamides, dibenzazepines, dibenzoxazepines), thus providing generalizability for these results.

A second limitation pertains to the extrapolation of kinetic results obtained in vitro to the in vivo situation. Our finding that the dilution estimates were no different from the excess-raclopride estimates reinforces the fact that the receptor homogenates and the drug behave under simple bimolecular assumptions in vitro.4 However, in vivo the on-rate and the off-rate may be influenced by a number of conditions. The access of the drug to the receptor via blood flow or the passive-diffusion limitations may exert additional constraints on the rate of association beyond that of the parameter  $k_{on}$ . Similarly, local conditions such as endogenous dopamine competition, binding to spare receptors and rebinding after dissociation, as well as the modulating effect of other receptors could also alter the binding characteristics of drugs to the D<sub>2</sub> receptor. 12-14 Although it is likely that the precise value of these parameters will differ in vivo, the general principle identified herein should be applicable in vivo.<sup>12</sup>

These findings have interesting implications for understanding the differences between antipsychotic agents. One of the most comprehensive surveys of the receptor-binding properties of antipsychotics was by Meltzer et al,<sup>15</sup> who examined the binding of 37 atypical or presumed atypical antipsychotics on dopamine D<sub>1</sub> and D<sub>2</sub> as well as serotonin 5-HT<sub>2</sub> receptors. This paper is usually cited in support of the serotonin–dopamine hypothesis. But it is very important to note that Meltzer et al reported no differences in the serotonin affinities of typical versus atypical antipsychotics (pK<sub>i</sub> values for 5-HT<sub>2</sub> affinity: 8.37 v. 8.36). They also found no difference in D<sub>1</sub> receptor binding either. The only major difference between typical and atypical antipsychotics was in their affinity for the D<sub>2</sub> receptor. The typical antipsychotic

agents showed a much higher affinity for the  $D_2$  receptor (pK<sub>i</sub> 8.87 v. 7.01; p < 0.001) than atypical antipsychotic agents. The point here being that it is *not* the high 5-HT<sub>2</sub> affinity but the low  $D_2$  affinity that makes an antipsychotic agent atypical.

This finding poses an interesting challenge. Antipsychotic agents are used clinically in doses that are inversely proportional to their affinity. This fact remains true even in the case of the newer atypical antipsychotic agents. For example, the relative in vitro affinities of haloperidol, risperidone, olanzapine and clozapine for the D<sub>2</sub> receptor are 1.5:3:17:150 nmol/L, with haloperidol being most potent and clozapine the least.16 As predicted by these in vitro affinities, the clinical doses also share a similar relation — haloperidol 2 to 4 mg/d:risperidone 3 to 6 mg/d:olanzapine 10 to 20 mg/d:clozapine 250 to 450 mg/d. At first sight it may appear that giving 100 times more of a drug with a 100times lower affinity should equate all things. Although giving a proportionally higher dose of a low-affinity antipsychotic agent may lead to equal occupancy at equilibrium (since equilibrium occupancy is based only on dose and affinity), the behaviour of these drugs under dynamic circumstances will still be very different. This is where the differences in  $k_{off}$  are crucial. We illustrate the importance of koff by considering some dynamic circumstances.

When the concentration of a drug is increased it tends toward a higher occupancy. However, the rate at which the drugs move toward higher occupancy differs. The rate does not depend on affinity, but on the rate constants k<sub>on</sub> and k<sub>off</sub>. The time to reach this new equilibrium occupancy is inversely proportional to (k<sub>on</sub> × concentration +  $k_{off}$ )<sup>3,4</sup> in situations where there is no drop in the concentration of the drug due to the act of receptor-binding. By substituting values from Table 1, one finds that 310 nmol/L of clozapine will reach a higher occupancy equilibrium 100 times faster than 4 nmol/L haloperidol. On the other hand, the rate at which a drug comes off the receptors, either when its concentration decreases or when there is competition from endogenous dopamine, is determined by  $k_{off}$  alone. From values in Table 1, one would expect 310 nmol/L of clozapine to come off the D<sub>2</sub> receptor nearly a 100 times faster than 4 nmol/L haloperidol, a finding that we have empirically demonstrated in vitro before (unpublished data, 1999).

The higher dose of the agents with lower  $K_{\text{d}}$ , rather than equating the dynamic differences, actually accentuates them. Since the drugs with a higher  $k_{\text{off}}$  are given

in much higher doses, they speed up the rate at which the drugs increase their occupancy as already shown. Thus, one prediction of our finding would be that antipsychotic agents with a lower affinity, higher  $k_{\text{off}}$  and a faster half-time (toward the clozapine end of the spectrum) will be faster in occupying receptors *and* will be more responsive to endogenous changes in dopamine levels than antipsychotics having a lower  $k_{\text{off}}$  and slower half-time (toward the haloperidol end of the spectrum).

How these receptor kinetic differences translate into clinical differences is yet to be determined. But, it should be noted that low k<sub>off</sub> antipsychotic agents (e.g., spiperone, nemonapride, haloperidol) have all been associated with extrapyramidal side effects (EPS) and prolactin elevation, whereas the high k<sub>off</sub> antipsychotic agents (e.g., clozapine, quetiapine) are known to be free of EPS and prolactin elevation, essential features of an atypical antipsychotic ageny. This is observed even though the drugs are given in doses that (based on K<sub>d</sub>) should have equivalent effects. We propose that it is the property of a high k<sub>off</sub> at the D<sub>2</sub> receptor that makes antipsychotic agents more responsive to endogenous dopamine and hence less likely to give rise to side effects such as EPS and prolactin elevation, which are commonly associated with dopamine antagonism (unpublished data, 1999).6 Thus, a high  $k_{off}$  at the  $D_2$ receptor may be a mechanism for "atypical" antipsychotic effect.

We have shown that the variation in the affinity/potency or  $K_{\rm d}/K_{\rm i}$  of antipsychotic agents for  $D_2$  receptors is almost entirely accounted for by their  $k_{\rm off}$ . Antipsychotic agents differ almost a thousand-fold in the rate at which they come off the  $D_2$  receptor. Since it is  $k_{\rm off}$  that determines how quickly the antipsychotic drug will respond to the dynamic interaction between dopamine and  $D_2$  receptors in the synapse, future research needs to explore the functional consequences of these differences between  $k_{\rm off}$ .

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